

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014529
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		c. CITY OR TOWN Elsberry 0570	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS (If outside, give location) 206 So. Third	
3. NAME OF DECEASED (Type or print) First Timothy Middle Wayne Last Keeton		4. DATE OF DEATH Month April Day 26 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 11, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (City and state or country) Saint Charles, Mo.	
13a. FATHER'S NAME Richard Keeton		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Richard Keeton, Elsberry, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Endocardial fibroelastosis DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nutritional anemia			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 7544	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a.m. _____ p.m. _____		20f. CITY, TOWN, OR LOCATION Elsberry	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21. I attended the deceased from Death occurred at 8:30 a		21. I attended the deceased from April 25, 1959 to April 26, 1959 and last saw him alive on April 25, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Ernest J. Conry		22b. ADDRESS St. Charles Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 28, 1959	
23c. NAME OF CEMETERY OR CREMATORY Star Hope Cemetery		23d. LOCATION (City, town, or county) (State) Harrison twsp., Missouri	
24. FUNERAL DIRECTOR Rickas Funeral Home		25. DATE REC'D. BY LOCAL REG. Apr 27 - 59	
26. REGISTRAR'S SIGNATURE Quella Wilson		27. DATE SIGNED April 27, 1959	

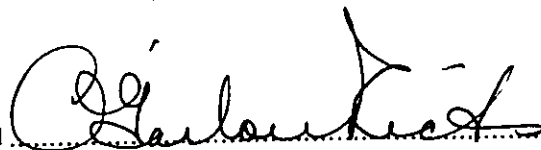
MAY 22 1989

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4017

P. O. Address

Elsterry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.